

Important Paper Submission Information

Dear CARE Act service provider,

For your Title **I** **II** **III** **IV** grantee, _____,
(circle all that apply) (name of grantee of record)

please submit your CARE Act Data Report via **Paper** to:

Attention: _____

Address: _____

City, State and Zip Code: _____

Your report is due on: _____, 2005

Important Web Submission Information

Dear CARE Act service provider,

For your Title **I** **II** **III** **IV** grantee, _____,
(circle all that apply) (name of grantee of record)

please submit your CARE Act Data Report via the **Web Data Entry System**:

<https://performance.hrsa.gov/hab>

Your registration code is: _____

Your report must be in 'Review' status on the Web by: _____, 2005